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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001275

1. Corporation Name
MALIVAI O. WASHINGTON PRIVATE FOUNDATION, INC.

Principal Place of Business % 505 S FLAGLER DR STE 900 W PALM BEACH FL 33401	Mailing Address % 505 S FLAGLER DR STE 900 W PALM BEACH FL 33401
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2. Principal Place of Business 21 3699 Sanctuary Way S Suite, Apt. #, etc. 22	2a. Mailing Address 26 PO Box 2651 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/09/1994
23 Jacksonville Beach FL City & State 24 32250 25 Duval Zip Country	28 Ponte Vedra Bch, FL City & State 29 32082 30 St. Johns Zip Country	4. FEI Number 65-0460990 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JERRI FLORIO 3699 SANCTUARY WY SO APT 9104 JACKSONVILLE FL 32250	10. Name and Address of New Registered Agent 81 Name Terri Florio 82 Street Address (P.O. Box Number is Not Acceptable) 3699 Sanctuary Way So 83 84 City Jacksonville Beach FL 85 Zip Code 32250
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Terri Florio Terri Florio 1/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, MALIVAI O 109 ROYAL LAGOON CT PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Washington, Malivai O 5 South Roscoe Blvd Ponte Vedra Bch, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLORIO, TERN 3699 SANCTUARY WY SO JACKSONVILLE BEACH FL 3225 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Florio, Terri 3699 Sanctuary Way S Jacksonville Beach, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARPER, JENNIFER 165 PATRICK MILL CIR PONTE VERDE BEACH FL 3208 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	STD Carper, Jennifer 5 South Roscoe Blvd Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terri Florio Terri Florio 1/30/99 9042471939
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)